

# DO/ EO WORKSHEET

India Evans, Patent Application Specialist/ National Stage Division

U.S. Appl. No. 10/ 579533

International Appl. No. PCT/ FR04/002802

Application filed by : ☐ 20 months ☒ 30 months

## WIPO PUBLICATION INFORMATION :

Publication No.: WO2005/ 052569 Publication Language : ☐ English ☐ German ☐ Japanese ☐ Chinese ☐ Korean  
☒ French ☐ Spanish ☐ Russian ☐ Other : \_\_\_\_\_

Publication Date : 6-9-2005

Not Published : ☐ U.S. only designated ☐ EP request

Published : ☐ EP request

## INTERNATIONAL APPLICATION PAPERS IN THE APPLICATION FILE :

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> International Application (RECORD COPY)<br><input type="checkbox"/> Article 19 Amendments<br><input type="checkbox"/> PCT/IPEA/409 IPER : <input type="checkbox"/> EP <input type="checkbox"/> JP <input type="checkbox"/> SE <input type="checkbox"/> AU<br><input type="checkbox"/> US <input type="checkbox"/> FR <input type="checkbox"/> CN <input type="checkbox"/> ES <input type="checkbox"/> RU <input type="checkbox"/> AT <input type="checkbox"/> KR <input type="checkbox"/> _____<br><input type="checkbox"/> Annexes to 409<br><input type="checkbox"/> PCT/ISA/237 : <input type="checkbox"/> EP <input type="checkbox"/> JP <input type="checkbox"/> SE <input type="checkbox"/> AU<br><input type="checkbox"/> US <input type="checkbox"/> FR <input type="checkbox"/> CN <input type="checkbox"/> ES <input type="checkbox"/> RU <input type="checkbox"/> AT <input type="checkbox"/> KR <input type="checkbox"/> _____<br><input type="checkbox"/> PCT/IPEA/409 or PCT/ISA/237 was NOT AVAILABLE at the time of paralegal review | <input type="checkbox"/> PCT/IB/306<br><input type="checkbox"/> Request form PCT/RO/101<br><input checked="" type="checkbox"/> PCT/ISA/210 - Search Report : <input checked="" type="checkbox"/> EP <input type="checkbox"/> JP <input type="checkbox"/> SE <input type="checkbox"/> AU<br><input type="checkbox"/> US <input type="checkbox"/> FR <input type="checkbox"/> CN <input type="checkbox"/> ES <input type="checkbox"/> RU <input type="checkbox"/> AT <input type="checkbox"/> KR <input type="checkbox"/> _____ <input type="checkbox"/> NONE<br><input type="checkbox"/> Search Report References<br><input checked="" type="checkbox"/> Priority Document (s) No. <u>1</u><br><input type="checkbox"/> N/A<br><input type="checkbox"/> Priority Document was NOT AVAILABLE at the time of paralegal review<br><input type="checkbox"/> Other : _____ |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## RECEIPTS FROM THE APPLICANT (other than checked above) :

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Basic National Fee (or authorization to charge)<br><input type="checkbox"/> Description <input checked="" type="checkbox"/> Claims <input checked="" type="checkbox"/> Abstract<br><input checked="" type="checkbox"/> Drawing Figure(s) - (# of drwgs. <u>2</u> )<br><input type="checkbox"/> Translation of Article 19 Amendments<br><input type="checkbox"/> entered <input type="checkbox"/> not entered :<br><input type="checkbox"/> not a page for page substitution<br><input type="checkbox"/> replaced by Article 34 Amendment<br><input type="checkbox"/> Annexes to 409<br><input type="checkbox"/> entered <input type="checkbox"/> not entered :<br><input type="checkbox"/> not a page for page substitution<br><input type="checkbox"/> no translation <input type="checkbox"/> other : _____<br><input type="checkbox"/> Application Data Sheet<br><input type="checkbox"/> Power of Attorney<br><input type="checkbox"/> Change of Address | <input checked="" type="checkbox"/> Preliminary Amendment(s) Filed on :<br>1. <input checked="" type="checkbox"/> same as 371 request date 2. _____ 3. _____<br><input checked="" type="checkbox"/> Information Disclosure Statement(s) Filed on :<br>1. <input checked="" type="checkbox"/> same as 371 request date 2. _____ 3. _____<br><input type="checkbox"/> Assignment Document (forwarded to Assignment Branch)<br><input type="checkbox"/> Assignee Statement Under 37 CFR 3.73(b)<br><input type="checkbox"/> Assignee PG Publication Notice<br><input type="checkbox"/> Substitute Specification Filed on :<br>1. <input type="checkbox"/> same as 371 request date 2. _____ 3. _____<br><input type="checkbox"/> Verified Small Status Statement<br><input checked="" type="checkbox"/> Oath/ Declaration (executed) <u>1-24-07</u><br><input type="checkbox"/> Oath/ Declaration <input type="checkbox"/> unsigned <input type="checkbox"/> no citizenship <input type="checkbox"/> other<br><input type="checkbox"/> DNA Diskette <input type="checkbox"/> Sequence Listing<br><input type="checkbox"/> Other : _____ |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

NOTES : ☐ I.A. used as Specification ☐ Other : \_\_\_\_\_

35 U.S.C. 371 - Receipt of Request (PTO-1390)

mo. / day / yr. 200

Date Acceptable Oath/ Declaration Received

☐ Same as 371 Req. Date; ☐ mo. / day / yr. 200

Date of Completion of requirements under 35 U.S.C. 371

☐ Same as 371 Req. Date; ☐ Same as OATH Date; ☐ mo. / day / yr. 200

Date of Completion of DO/ EO 903 - Notification of Acceptance

Date of Completion of DO/ EO 905 - Notification of Missing Requirements

Date of Completion of DO/ EO 909 - Notification of Abandonment

Date of Completion of DO/ EO 916 - Notification of Defective Response

Date of Completion of DO/ EO 922 - Notification to Comply w/ Requirements for Patent Applications Containing Nucleotide and/or Amino Acid Sequence Disclosures

Date of Completion of DO/ EO 923